

PART B - FEE(S) TRANSMITTAL

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26815 7590 12/01/2008

RANBAXY INC.
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PRINCETON, NJ 08540

03/02/2009 HDEMESS2 00000005 500912 10552456

01 FC:1501 1510.00 DA

02 FC:1 APPLICATION NO. 00000005 DA

FILING DATE:

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/552,456

08/14/2006

Anita Mehta

RLL-293US

2308

TITLE OF INVENTION: SUBSTITUTED AZABICYCLO HEXANE DERIVATIVES AS MUSCARINIC RECEPTOR ANTAGONISTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/02/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
NOLAN, JASON MICHAEL	1626	514-412000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.
- "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 1 Jayadeep R. Deshmukh, Esq.
2 George E. Heibel, Esq.
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

RANBAXY LABORATORIES LIMITED

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Gurgaon, INDIA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0912 (enclose an extra copy of this form).

5. Change In Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature J. E. H.

Date February 27, 2009

Typed or printed name George E. Heibel

Registration No. 42,648

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